

RCE/4  
2800

PTO/SB/30 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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|--|----------------------|----------------|
| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br>Address to:<br>Commissioner for Patents<br>Box RCE<br>Washington, DC 20231 | Application Number   | 09/598,384     |
|  | Filing Date          | June 21, 2000  |
|  | First Named Inventor | Yasuaki HIRANO |
|  | Group Art Unit       | 2818           |
|  | Examiner Name        | T. Phan        |
|  | Attorney Docket No.  | 204552018400   |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on February 24, 2003  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-1952

i. ☒ RCE fee required under 37 CFR 1.17(e)

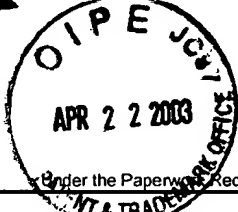
ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |                             |                                   |                |
|---|-----------------------------|-----------------------------------|----------------|
| Name (Print/Type)                                   | Deborah S. Gladstein        | Registration No. (Attorney/Agent) | 43,636         |
| Signature   | <i>Deborah S. Gladstein</i> | Date                              | April 22, 2003 |



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>  |                      | Complete if Known                 |                |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|--|----------------------|-----------------------------------|----------------|--|----------------------|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--------|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--------|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|---------------------|----------------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------|--|--|--|--|------------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|---------------------|--|--|--|--|------------------|-------------------|----------------------|-----------------------------------|--------|-----------|----------------|-----------|--|--|--|------|----------------|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div><b>TOTAL AMOUNT OF PAYMENT</b></div><div><b>(\$)</b> 1,570.00</div></div>  |                      | Application Number                | 09/598,384     |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|  |                      | Filing Date                       | June 21, 2000  |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|  |                      | First Named Inventor              | Yasuaki HIRANO |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|  |                      | Examiner Name                     | T. Phan        |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|  |                      | Group Art Unit                    | 2818           |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
|  |                      | Attorney Docket No.               | 204552018400   |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>METHOD OF PAYMENT</b> (check all that apply)<div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account<div style="margin-top: 5px;">Deposit Account Number: 03-1952</div><div style="margin-top: 5px;">Deposit Account Name: Morrison &amp; Foerster LLP</div></div><div style="margin-top: 5px; font-size: x-small;">The Commissioner is hereby authorized to: (check all that apply)<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div><div style="width: 50%;"><b>FEE CALCULATION</b> (continued)<h3 style="margin: 0;">3. ADDITIONAL FEES</h3><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td>820.00</td></tr><tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td>750.00</td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="4" style="text-align: right;"><b>Reduced by Basic Filing Fee Paid</b></td><td><b>SUBTOTAL (3)</b></td><td><b>(\$)</b> 1,570.00</td></tr></tbody></table></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;"><b>1. BASIC FILING FEE</b><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><div style="margin-top: 5px; font-size: x-small;"><div style="display: flex; justify-content: space-between;"><div>Total Claims</div><div>**-</div><div>=</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div><div>x</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div><div>=</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div><div style="display: flex; justify-content: space-between;"><div>Independent Claims</div><div>**-</div><div>=</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div><div>x</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div><div>=</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div><div style="display: flex; justify-content: space-between;"><div>Multiple Dependent</div><div></div><div>=</div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div></div><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table></div><div style="width: 50%; font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;"><b>SUBMITTED BY</b><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><tr><td style="width: 40%;">Name (Print/Type)</td><td>Deborah S. Gladstein</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td>43,636</td><td style="width: 20%;">Telephone</td><td>(703) 760-7753</td></tr><tr><td>Signature</td><td colspan="3"></td><td>Date</td><td>April 22, 2003</td></tr></table></div><div style="width: 50%;"><b>Complete (if applicable)</b></div></div> |                      |                                   |                | Large Entity   |                      | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month | 820.00 | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | 750.00 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>Reduced by Basic Filing Fee Paid</b> |  |  |  | <b>SUBTOTAL (3)</b> | <b>(\$)</b> 1,570.00 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001 | 375 | Utility filing fee |  | 1002 | 330 | 2002 | 165 | Design filing fee |  | 1003 | 520 | 2003 | 260 | Plant filing fee |  | 1004 | 750 | 2004 | 375 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)</b> 0.00 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |  | 1204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$)</b> 0.00 | Name (Print/Type) | Deborah S. Gladstein | Registration No. (Attorney/Agent) | 43,636 | Telephone | (703) 760-7753 | Signature |  |  |  | Date | April 22, 2003 |
| Large Entity   |                      | Small Entity                      |                | Fee Description  | Fee Paid             |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Fee Code   | Fee (\$)             | Fee Code                          | Fee (\$)       |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1051   | 130                  | 2051                              | 65             | Surcharge - late filing fee or oath  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1052   | 50                   | 2052                              | 25             | Surcharge - late provisional filing fee or cover sheet.                    |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1053   | 130                  | 1053                              | 130            | Non-English specification  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1812   | 2,520                | 1812                              | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1804   | 920*                 | 1804                              | 920*           | Requesting publication of SIR prior to Examiner action                     |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1805   | 1,840*               | 1805                              | 1,840*         | Requesting publication of SIR after Examiner action                        |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1251   | 110                  | 2251                              | 55             | Extension for reply within first month                                     |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1252   | 410                  | 2252                              | 205            | Extension for reply within second month                                    |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1253   | 930                  | 2253                              | 465            | Extension for reply within third month                                     | 820.00               |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1254   | 1,450                | 2254                              | 725            | Extension for reply within fourth month                                    |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1255   | 1,970                | 2255                              | 985            | Extension for reply within fifth month                                     |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1401   | 320                  | 2401                              | 160            | Notice of Appeal   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1402   | 320                  | 2402                              | 160            | Filing a brief in support of an appeal                                     |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1403   | 280                  | 2403                              | 140            | Request for oral hearing   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1451   | 1,510                | 1451                              | 1,510          | Petition to institute a public use proceeding                              |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1452   | 110                  | 2452                              | 55             | Petition to revive - unavoidable   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1453   | 1,300                | 2453                              | 650            | Petition to revive - unintentional   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1501   | 1,300                | 2501                              | 650            | Utility issue fee (or reissue)   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1502   | 470                  | 2502                              | 235            | Design issue fee   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1503   | 630                  | 2503                              | 315            | Plant issue fee  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1460   | 130                  | 1460                              | 130            | Petitions to the Commissioner  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1807   | 50                   | 1807                              | 50             | Processing fee under 37 CFR 1.17(q)  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1806   | 180                  | 1806                              | 180            | Submission of Information Disclosure Stmt                                  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 8021   | 40                   | 8021                              | 40             | Recording each patent assignment per property (times number of properties) |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1809   | 750                  | 2809                              | 375            | Filing a submission after final rejection (37 CFR 1.129(a))                |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1810   | 750                  | 2810                              | 375            | For each additional invention to be examined (37CFR 1.129(b))              |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1801   | 750                  | 2801                              | 375            | Request for Continued Examination (RCE)                                    | 750.00               |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1802   | 900                  | 1802                              | 900            | Request for expedited examination of a design application                  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Other fee (specify) _____  |                      |                                   |                |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| <b>Reduced by Basic Filing Fee Paid</b>  |                      |                                   |                | <b>SUBTOTAL (3)</b>  | <b>(\$)</b> 1,570.00 |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Large Entity   |                      | Small Entity                      |                | Fee Description  | Fee Paid             |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Fee Code   | Fee (\$)             | Fee Code                          | Fee (\$)       |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1001   | 750                  | 2001                              | 375            | Utility filing fee   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1002   | 330                  | 2002                              | 165            | Design filing fee  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1003   | 520                  | 2003                              | 260            | Plant filing fee   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1004   | 750                  | 2004                              | 375            | Reissue filing fee   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1005   | 160                  | 2005                              | 80             | Provisional filing fee   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| <b>SUBTOTAL (1)</b>  |                      |                                   |                |  | <b>(\$)</b> 0.00     |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Large Entity   |                      | Small Entity                      |                | Fee Description  | Fee Paid             |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Fee Code   | Fee (\$)             | Fee Code                          | Fee (\$)       |  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1202   | 18                   | 2202                              | 9              | Claims in excess of 20   |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1201   | 84                   | 2201                              | 42             | Independent claims in excess of 3  |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1203   | 280                  | 2203                              | 140            | Multiple dependent claim, if not paid                                      |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1204   | 84                   | 2204                              | 42             | ** Reissue independent claims over original patent                         |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| 1205   | 18                   | 2205                              | 9              | ** Reissue claims in excess of 20 and over original patent                 |                      |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| <b>SUBTOTAL (2)</b>  |                      |                                   |                |  | <b>(\$)</b> 0.00     |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Name (Print/Type)  | Deborah S. Gladstein | Registration No. (Attorney/Agent) | 43,636         | Telephone  | (703) 760-7753       |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |
| Signature  |                      |                                   |                | Date   | April 22, 2003       |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |        |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |                     |                      |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |                  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                     |  |  |  |  |                  |                   |                      |                                   |        |           |                |           |  |  |  |      |                |